

**NEVADA SUPREME COURT
SETTLEMENT PROGRAM BILLING INVOICE**

From: _____
Settlement Judge Name (*PLEASE PRINT*)

CASE NAME(S)	CASE NUMBER(S)

Total Case Hours Billed: _____ (@ \$100.00 per hour to a maximum \$1,000 per case)	\$
Total Expenses Billed (up to \$50 per case)	\$
TOTAL AMOUNT BILLED (up to \$1,050 per case)	\$

► **THE SETTLEMENT PROCESS IS COMPLETED AND A FINAL SETTLEMENT PROGRAM STATUS REPORT HAS BEEN SUBMITTED FOR THE CASE(S) LISTED ABOVE.**

► **I CERTIFY THAT THIS BILLING STATEMENT IS TRUE.**

DATE SUBMITTED

SETTLEMENT JUDGE (original signature)

Vendor Information Must be completed	Vendor Name:		
	Vendor mailing address:		
	City:	State:	Zip Code:

***PLEASE RETURN THIS FORM TO: SETTLEMENT PROGRAM, OFFICE OF THE CLERK,
NEVADA SUPREME COURT, 201 SOUTH CARSON STREET, CARSON CITY, NV 89701-4702***